PTO/SB/06 (12-04)

Approved for use through 7/31/2006, CMB 0651-0031 U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no parsons are required to respond to a pollection of information unless it displays a yeard OMB pontrol number.

PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Hump Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) OTHER THAN SMALL ENTITY (Column 2) OR SMALL ENTITY FOR NUMBER FLED NUMBER EXTRA RATE (T) FEE (1) BASIC FEE RATE (1 NVA AT CFR 1.16(4), (b), or (c)) N/A NA 150.00 N/A SEARCH FEE 300.00 (37 CFR 1 16(4, (4, or (m)) NA. NA \$260 NA EXMINATION FEE \$500 NA PI CFR 1.16(d, W), or (d) N/A NA \$100 NIA TOTAL CLAIMS \$200 P) OFR 1:18(1) minus 20 = X\$ 25 X\$50 INDEPENDENT CLAIMS OR (37 CFR 1.16(N) X100 mhus 3. e X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due ts \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1) +180= +360± "If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Calumn 1) (Column 2) OTHER THAN OR SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING. NUMBER PRESENT: RATE (\$) 面面 AFTER ADDI. PREVIOUSLY EXTRA RATE (\$) -ADOL MENDMENT TIONAL PAID FOR TIONAL Grera Litatio FEE (4) Minus ENDM FEE (\$ X\$ 25 X\$50 bidependent Of CFR LIGHT OR Minus. X100 X200 Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE OFFENDENT CLAIM (17 CFR 1.160) + 1.80= +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (1) APTER ADDI: RATE (\$) PREVIOUSLY EXTRA ADDI-TIONAL AMENDMENT. TIONAL PAID FOR FEE (\$) COR LIGH FEE (1) X\$ 25 X\$50 Independent PROFR LIGAD OR Minus X100 X200 Application Size Fee (37 CFR 1.16(5)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.100) +180= +360± OR TOTAL. TOTAL If the entry in column 1 is less than the entry in column 2, write "o' in column 3.

If the Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

If the Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For' ITotal or independent) is the highest number (ound in the eppropriate box in, column 1.

INSPTO to process) an application. Combinately is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to completely gathering, preparing, and submitting the completed application form to the US PTO. Time will vary depending upon the individual case. Any comments in the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Dependment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS CORRESS, SEND TO: Commissioner for Patents, P.O. Box 1450. Alexandria, VA 22313-1450. ADD'L FEE OR